

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

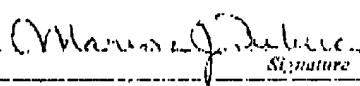
APPLICANT:	ELIZABETH ANN BEAMON, ET AL.	)	
		)	Art Unit: 2643
SERIAL NO.:	09/726,637	)	
		)	
FILED:	November 30, 2000	)	Examiner:
		)	Binh Kien Tieu
		)	
FOR:	DIGITAL LOOP CARRIER MODULE	)	Confirmation No: 2089
	FOR PROACTIVE MAINTENANCE	)	
	APPLICATION	)	

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Applicants respectfully request entry of the following amendment and remarks contained herein in response to the Office Action mailed on October 20, 2005. Applicants respectfully submit that the amendment and remarks contained herein place the instant application in condition for allowance.

36968 / B1.L-0084

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>36968 / B.I.-0084</b>	
Applicant(s): <b>Elizabeth Ann Beamon, et al.</b>					
Application No. <b>09/726,637</b>	Filing Date <b>November 30, 2000</b>	Examiner <b>Binh Kien Tieu</b>	Customer No. <b>36192</b>	Group Art Unit <b>2643</b>	Confirmation No. <b>2089</b>
Invention: <b>DIGITAL LOOP CARRIER MODULE FOR PROACTIVE MAINTENANCE APPLICATION</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	22 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Marisa J. Dahue Registration No. 46,673 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Phone: 860-286-2929 Fax: 860-286-0115			Dated: <b>January 20, 2006</b>		
cc:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		